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{Come Holy Spirit upon:}

EASTERN DISTRICT OF MICHIGAN  
UNITED STATES DISTRICT COURT  
SOUTHERN DIVISION

I L E

NOV 25 2014

D

PIO PETER ZAMMIT  
Plaintiff

CASE NO: 14-14155

CLERK'S OFFICE  
DETROIT

vs.

Honorable Nancy G. Edmunds

INTERNAL REVENUE SERVICE , et all,  
Defendants

/

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**Plaintiff's Motion to Proceed in Forma Pauperis**

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*In compliance with the Honorable Nancy G. Edmunds' Order Directing me, the plaintiff, Pio Peter Zammit, to submit an Application to Proceed IN FORMA PAUPERIS, please find herein attached are two complete copies of my application to Proceed in In Forma Pauperis without prepaying fees or costs: one for Her Honor Nancy G. Edmunds and one for the Case Manager, Carol J. Bethel.*

*I sincerely thank Her Honor Nancy G. Edmunds for her Order and for the Case Manager, Carol Bethel, (who sent me application and handbook and highlighted it for me.)*

*Sincerely,*

*Pio Peter Zammit, Pro Se Litigant: 50739 Holt, New Baltimore, MI*

**Attention: Honorable Nancy G. Edmunds  
And Case Manager, Carol Bethel**

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

PETER PIO ZAMMIT,

Plaintiff,

Case No. 14-14155

Honorable Nancy G. Edmunds

v.

INTERNAL REVENUE SERVICE, et al,

Defendants.

*In compliance  
with  
order*

**ORDER DIRECTING PLAINTIFF TO PAY FILING FEE OR SUBMIT AN APPLICATION TO PROCEED IN FORMA PAUPERIS**

On October 28, 2014, Plaintiff filed a *pro se* complaint pursuant to the Fourteenth Amendment to the United States Constitution. Federal law provides that the "clerk of each district court shall require the parties instituting any civil action . . . to pay a filing fee" of \$400. 28 U.S.C. § 1914(a). To ensure access to the courts, however, 28 U.S.C. § 1915(a) permits an indigent plaintiff to avoid payment of filing fees by submitting a request to proceed *in forma pauperis*. To date, Plaintiff has failed to remit payment or file an application seeking *in forma pauperis* standing.

IT IS HEREBY ORDERED that Plaintiff shall, within fourteen (14) days of the date of this Order, either (1) pay the \$400 filing fee in full or, (2) file a motion to proceed *in forma pauperis* supported by an affidavit or declaration complying with 28 U.S.C. § 1746.<sup>1</sup> Failure to timely comply with this order will result in dismissal of this action pursuant to Fed.R.Civ.P. 41(b).

<sup>1</sup> For Plaintiff's convenience, the Court has attached the "pro se handbook" and an application for proceeding *in forma pauperis* to this order.

**UNITED STATES DISTRICT COURT**  
 for the  
 Eastern District of Michigan

Peter Peter ZAMMIT )  
 Plaintiff/Petitioner )  
IRS + State of Michigan Treasury ) Civil Action No. *TBD*  
 Defendant/Respondent )

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS**

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_.

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

*I am retired; see below:*

My gross pay or wages are: \$ \_\_\_\_\_, and my take-home pay or wages are: \$ \_\_\_\_\_ per  
 (specify pay period) \_\_\_\_\_.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- (a) Business, profession, or other self-employment
- (b) Rent payments, interest, or dividends
- (c) ~~Pension~~, annuity, or life insurance payments
- (d) Disability, or worker's compensation payments
- (e) Gifts, or inheritances
- (f) Any other sources : *SSI*

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

*Ford Pension: \$1256 monthly (which is wiped out/depleted by Chapter 13  
 SSI: \$1554 monthly; but I am paying payment of \$1171.06  
 monthly.)*

- my sister's credit card debt of \$7000 because she bought me <sup>wife</sup> heater & appliances: I pay her \$200 a month
- I also pay \$225 a month in support of monthly/weekly counseling
- Items 2 through 6 from #8 (next page) come from/out of SSI as well as:  
*Medical insurance: \$32 a month comes out of SSI. I owe medical bills: \$850  
 DENTAL + PHARMACY: \$200 per year*

4. Amount of money that I have in cash or in a checking or savings account: \$ .96 cents  
 cash on hand 65.00 bill. TOTAL 5.96  
 cash +  
 checking account

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

1979 Lincoln

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

\*1) Chapter 13 payment \$1171.06 auto-deducted  
 2) Gas: \$75 a month  
 3) Heat: \$193 a month  
 4) DTE: \$73 a month  
 Food: \$50 a month  
 car repairs: as needed \$300 this year.  
 car payment: paid \$3000 this year. One more payment due

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

none

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

1) \* Chapter 13 payment of \$1171.06 monthly due for next 24 months  
 2) \* \$300 owed on Car to Russel Miles of New Baltimore, MI  
 3) \$4,324.34 debt due now; cannot pay it. 6) Car insurance,  
 250 monthly  
 4) Semco Energy \$1046. DTE: \$355. water bill \$345 (84% need to full  
 5) my sister Josephine Portelli 200 a month on \$7000 bill helping pay it up front  
 Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: November 20, 2014

  
 Applicant's signature

PIO PETER ZAMMIT  
 Printed name

CITY OF NEW BALTIMORE  
 36535 GREEN ST  
 NEW BALTIMORE, MI 48047  
 Phone : (586) 725-2151

Received From:  
ST VINCENT DEPAUL SOCIETY DETROIT

Date: 11/20/2014 Time: 9:39:47 AM  
 Receipt: 154388  
 Cashier: JUDY

ITEM REFERENCE	AMOUNT
UB UTILITY BILLING (water) Acct 2445073900	\$362.25
TOTAL	\$362.25
CHECK 1198	\$362.25
Total Tendered:	\$362.25
Change: <i>St. Vincent DePaul</i> <i>paid this bill for water for me</i>	\$0.00



<b>Total Amount Due:</b>	<b>\$1,052.40</b>
<b>Due Date:</b>	<b>12/02/2014</b>
<b>If Paid After 12/02/2014:</b>	<b>\$1,052.40</b>

**Account Number**

0060700.502

**Usage and Account Information**

Please see back for additional information

Meter Number	Days Billed	Beginning Reading			Ending Reading			Units Used (THM)	Units Used Last Yr.(THM)	Meter Factor	Therm Factor
		Date	Type	Read	Date	Type	Read				
212202	14	10/20/14	Actual	6462	11/03/14	Actual	6525	64.890	0	1.000	1.030

Account Type: Residential

Account Name: Pio Zammit  
Service Address: 50739 Holt St 1

Please review the special insert enclosed regarding important information you need to know about Energy Assistance Programs.

**Previous Activity:**

Previous Balance	0.00
Balance Transfer	
from 50739 HOLT ST	935.11
<b>Balance Forward</b>	<b>\$935.11</b>

**Current Charges:**

Customer Charge	11.50
MRP Charge	0.42
Distribution Charge (0.173420)	11.25
<i>Total SEMCO Charges:</i>	<b>23.17</b>

Balancing Demand Charges (0.067310)	4.37
Supplier Energy Charge (0.557690)	36.19
<i>Total Supply Charges:</i>	<b>40.56</b>

Energy Optimization Charge (0.014960)	0.97
Sales Tax	2.59
<i>Total State Charges:</i>	<b>3.56</b>

Turn On Fee	50.00
<b>Total Current Charges</b>	<b>\$117.29</b>

<b>Total Account Balance</b>	<b>\$1,052.40</b>
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Page 1 of 1

Detach and return bottom portion along with your check in the enclosed envelope.



Account No.: 0060700.502 Service Address: 50739 Holt St 1

Please include your Account Number on your check.



1599 1 AV 0.381  
PIO ZAMMIT  
50739 HOLT ST  
NEW BALTIMORE, MI 48047-1672

SEMS93233  
SE,1GHP-1717-T:5  
001599

Amount Due on or Before: 12/02/2014  
**Total Amount Due:** \$1,052.40

Amount Paid (If different than Total) 

00000006070050200010524000000006070050200010524010

*Charged but / #39*

**SHUT-OFF NOTICE**

Account Number  
06-0700.501

Service Address  
50739 HOLT ST  
NEW BALTIMORE MI 48047

*11/20-11/21*

**SEMCO ENERGY**  
GAS COMPANY

PIO ZAMMIT  
50739 HOLT ST  
NEW BALTIMORE MI 48047

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## Payment Coupon

AVOID SHUTOFF PAY \$255.93 BEFORE 11/12/2014

Please indicate amount paying \$ \_\_\_\_\_

Account Number	1549 930 0001 2
**AVOID SHUTOFF	255.93
<b>Total Due:</b>	\$398.88

\*\*T030\*2\*P00\*\*\*\*\*AUTO\*\*5-DIGIT 48047  
 PIO PETER ZAMMIT  
 50739 HOLT ST  
 NEW BALTIMORE MI 48047-1672



Mail Payments To:

DTE Energy  
 P.O. Box 740786  
 Cincinnati OH 45274-0786

For address corrections, please visit [dteenergy.com](http://dteenergy.com)  
 or call 800.477.4747.

Return upper portion with your payment 538095239

Keep lower portion for your records

### SHUTOFF NOTICE

#### Contact Information

Gas Leak or Gas Emergency	800.947.5000
Customer Service or Power Outage	800.477.4747
Hearing-Impaired TDD Line	800.888.6886 (Mon-Fri 8am-5pm)
Web Site	<a href="http://dteenergy.com">dteenergy.com</a>

#### Programs you are enrolled in

Senior Program

### Summary of Charges

Account Number 1549 930 0001 2

— Account Balance as of Sep 30, 2014	399.08
Payment Received Oct 03, 2014 Thank You!	- 70.00
Balance Prior to Current Charges	329.08
Your account remains past due. Please pay \$255.93 before	
November 12, 2014 to avoid SHUTOFF.	
— Current Charges	
DTE Electric Company Residential Senior	
Citizen Electric Service	69.80
Total Current Charges	69.80
— Account Balance as of October 29, 2014	\$398.88



### Important Information

If your service is shut off, please call 800.477.4747 to obtain the total amount required to restore service. This will include the past-due amount, a reconnect charge, a deposit and all other past due amounts before your service is restored. If DTE Energy is your provider for gas and electric, the past-due amount required applies to both services. If you have an Advanced Meter your service will be shut off remotely without a visit to your location.

We have removed your account from the Shutoff Protection Plan (SPP) due to missed payments. Please pay the total amount due. Thank you.

The average DTE Electric residential customer is expected to save \$6.94 each month because of energy optimization programs over the remaining program life.

For the average Michigan residential customer, renewable energy is estimated to avoid \$3.90 per month of new coal-fired generation costs.

*https://picwwoz*



# SHUT OFF NOTICE

Marcella (Marcia) Shinska, City Clerk  
36535 Green Street • New Baltimore, MI 48047  
(586) 725-2151 EXT. 111  
OFFICE HOURS: 8:00 a.m. - 4:30 p.m.

**WE HAVE NOT RECEIVED PAYMENT FOR YOUR UTILITY BILL.  
YOUR SERVICE IS SCHEDULED FOR SHUT OFF.  
TO AVOID TERMINATION OF YOUR SERVICE,  
PAYMENT MUST BE RECEIVED IN FULL BY THE DUE DATE.**

**TURN ON FEE IS \$46.00 Monday - Friday 8:00 a.m. - 3:00 p.m.  
TURN ON FEE IS \$100.00 AFTER 3:00 p.m.**

**THIS IS THE ONLY NOTICE YOU WILL RECEIVE REGARDING  
TERMINATION OF YOUR SERVICE. IF YOUR PAYMENT HAS  
RECENTLY BEEN MADE, PLEASE DISREGARD THIS NOTICE.**



**FOR NIGHT, WEEKEND OR HOLIDAY WATER OR SEWER  
EMERGENCIES, CALL (586) 725-7300**

**MAKE CHECKS PAYABLE TO: CITY OF NEW BALTIMORE**

**COMMENTS:**

**PROPERTY ADDRESS**

50739 HOLT

**CYCLE**

**ACCOUNT NO**

2 22 2445073900

**TO AVOID DISRUPTION OF SERVICE REMIT BY**

**12/01/2014**

**PAY THIS LATE AMOUNT**

**362.25**

UNPAID WATER AND SEWAGE BILLS BECOME A LIEN AGAINST THE PROPERTY.

AFTER-HOURS DROP BOX LOCATED AT CITY HALL.

FAILURE TO RECEIVE A BILL DOES NOT ALTER DUE DATE OR WAIVE THE PENALTY.

YOUR WATER IS TESTED AND MEETS FEDERAL STANDARDS FOR LEAD AND COPPER.

↑ Detach Along Perforation and Keep Top Portion for Your Records ↑  
MOISTEN AND FOLD TO SEAL

INSERT CHECK AND MAIL - OUR PAYMENT COPY IS PRINTED INSIDE THIS RETURN ENVELOPE.

**THE HUNTINGTON NATIONAL BANK**  
P.O BOX 1558 EA1W37  
COLUMBUS OH 43216-1558



PIO ZAMMIT  
50739 HOLT ST  
NEW BALTIMORE MI 48047-1672

### *Have a Question or Concern?*

Stop by your nearest Huntington office or contact us at:

1-800-480-BANK (2265)

[www.huntington.com](http://www.huntington.com)

## **Huntington Premier Savings Account**

*Account: 04382738986*

Statement Activity From:  
10/22/14 to 11/18/14

**Beginning Balance**  
Credits (+)  
Debits (-)  
Total Fees (-)

**Ending Balance**

Average Balance  
Low Balance

1

\$0.00

**In the Event of Errors or Questions Concerning Electronic Fund Transfers** (electronic deposits, withdrawals, transfers, payments, or purchases), please call either 1-614-480-BANK or call toll free 1-800-480-BANK, or write to The Huntington National Bank Research - EA4W61, P.O. Box 1558, Columbus, Ohio 43216 as soon as you can, if you think your statement or receipt is wrong or if you need more information about an electronic fund transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
  2. Describe the error or the transaction you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

We will investigate your complaint or question and will correct any error promptly. If we take more than 10 business days to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation. This time period will be 20 business days (instead of 10 business days) if your complaint or question involves a transaction: (i) that was not initiated in any state, territory, or possession of the United States; or (ii) that was a point of sale transaction (other than the purchase of postage stamps from a Huntington ATM); or (iii) that was a Check Card merchant transaction.

**Verification of Electronic Deposits** If you have authorized someone to make regular electronic fund transfers of money to your account at least once every sixty days, you can call to find out whether or not the deposit has been received by us, call either 1-614-480-BANK or call toll free 1-800-480-BANK.

**Balancing Your Statement** - For your convenience, a balancing worksheet is available on our web site [www.huntington.com](http://www.huntington.com) under the Planning & Tools section, or at your local branch.

Investments are offered through the Huntington Investment Company, Registered Investment Advisor, member FINRA/SIPC, a wholly-owned subsidiary of Huntington Bancshares Inc.

The Huntington National Bank is Member FDIC. ® and Huntington® are federally registered service marks of Huntington Bancshares Incorporated. Patent pending for the 24-Hour Grace™ system and method. ©2014 Huntington Bancshares Incorporated.

# OPINION

**Wednesday, November 19, 2014**

[Facebook.com/VoicenewsNB](http://Facebook.com/VoicenewsNB)

## Finding support, compassion

Dear Julie Pollard, I enjoy “our” ongoing dialogue. Please know President Obama’s “good” does not “outweigh” his “bad.” Why? Because not only have numerous abortions occurred “on his watch,” but he contributed to them: About \$540 million subsidy to ~~Planned Parenthood~~. He would have to be president for 100 years to “outweigh” that “bad!” And these women need our love and compassion. If they would go to “Project Rachel Retreats,” they would find healing, love and support. Let’s support them by inviting them to “Project Rachel Retreats.”

— PIO PETER ZAMMIT  
*New Baltimore*

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Fax: (586) 716-8533

Twitter: Follow us  
@VOICENEWSNB

## New Lawsuit Check List

**Instructions:** Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.

<input type="checkbox"/>	Two (2) completed Civil Cover Sheets.		
<input type="checkbox"/>	Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank.		
<input type="checkbox"/>	<p><u>72</u> + 2 = <u>74</u> Complaints.</p> <p># of Defendants      Total</p> <p><i>3 copies were</i> Received by Clerk: <u>yes</u> Addresses are complete: <u>yes</u></p>		
<input type="checkbox"/>	<b>CLERK TO AFFIX</b> <b>CASE ASSIGNMENT LABEL</b> <b>HERE</b>		
<input type="checkbox"/>	<b>If any of your defendants are government agencies:</b> Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.		
<b>If Paying The Filing Fee:</b>		<b>If Asking That The Filing Fee Be Waived:</b>	
<input type="checkbox"/>	Current new civil action filing fee is attached.  Fees may be paid by check or money order made out to:  <i>Clerk, U.S. District Court</i>  Received by Clerk: _____ Receipt #: _____	<input checked="" type="checkbox"/> Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms.  Received by Clerk: <u>yes</u>	
<b>Select the Method of Service you will employ to notify your defendants:</b>			
<b>Service via Summons by Self</b>		<b>Service by U.S. Marshal</b> (Only available if fee is waived)	
<input type="checkbox"/>	<p>Two (2) completed summonses for each defendant including each defendant's name and address.</p> <p><i>I already sent a copy of the case by US mail proof of service to each 72 defendants</i></p> <p>Received by Clerk: _____</p>	<p><input type="checkbox"/> Two (2) completed USM - 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint.</p> <p><input type="checkbox"/> Two (2) completed Request for Service by U.S. Marshal form.</p> <p>Received by Clerk: _____</p>	<p><input checked="" type="checkbox"/> This is the process I desire</p> <p>You need not submit any forms regarding the Waiver of Summons to the Clerk.</p> <p>Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:</p> <ul style="list-style-type: none"> <li>• One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant. <i>Please note that Notice of defendant's right &amp; request to waive fees are sent already to all defendants!</i></li> <li>• Two (2) Waiver of the Service of Summons forms per defendant.</li> </ul> <p>Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants. <i>Copy was sent to all defendants by US Mail! Please advise!</i></p>

Clerk's Office Use Only

Note any deficiencies here:

Michigan 430 2P  
541-2 Nov 26 1994

Accredited Letter

5c

Attention: *Honorable Nancy G. Edmunds*  
*And Case Manager, Carol Bethel*

UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN  
OFFICE OF THE CLERK  
THEODORE LEVIN UNITED STATES COURTHOUSE  
231 WEST LAFAYETTE BLVD. - ROOM 564  
DETROIT, MICHIGAN 48226

OFFICIAL BUSINESS

Tb!

5673  
Sallyann M. (9904)